

STATE OF LOUISIANA BOOK

PAGE

CERTIFICATE OF DEATH 80

345

IMPORTANT:

Black Ink or Typewriter
Ribbon Mandatory by
State Law.

BIRTH
NO.STATE
FILE NO. 119

PERSONAL DATA OF DECEASED (Type or print ONLY. Do not use numerals for month of birth.) Please abbreviate month. (Ex.: Jan, Feb., etc.)	1A. LAST NAME OF DECEASED Williams		1B. FIRST NAME Delano		1C. SECOND NAME Roper		2A. DATE OF DEATH MONTH Nov. DAY 28 YEAR 1984	
	2B. HOUR OF DEATH 8:05 A M		3. SEX Male		4. COLOR OR RACE White		5. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
PLACE OF DEATH	7. DATE OF BIRTH OF DECEASED November 9, 1945		8. AGE OF DECEASED 39 Years 0 Months 19 Days		9A. BIRTHPLACE City, State (Country if not U.S.) Live Oak, Florida		9B. CITIZENSHIP OF THAT COUNTRY U.S.A.	
	10A. USUAL OCCUPATION (Give kind of work done during most of life) Self-Employed		10B. KIND OF BUSINESS OR INDUSTRY Retail Auto Sales		10C. EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		11. SOCIAL SECURITY NUMBER 264-66-7188	
USUAL RESIDENCE OF DECEASED (Where deceased lived, if institution: Residence before institution.)	12A. CITY, TOWN, OR LOCATION OF DEATH New Orleans						12B. PARISH OF DEATH Orleans	
	12C. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, give street address or location) Southern Baptist Hospital						12D. <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> OP-Emr- Rm <input type="checkbox"/> DOA	
PARENTS	13A. CITY OR TOWN Slidell		13B. PARISH St. Tammany		13C. STATE Louisiana		13E. IS RESIDENCE INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	13D. STREET ADDRESS (If rural give location) 604 Swallow Court		14A. FATHER'S NAME Last Williams First Alton Second Kendrick		14B. FATHER'S PLACE OF BIRTH (City) (unknown) (State) Georgia (Country if not U.S.)		15A. MOTHER'S MAIDEN NAME Roper First Genevieve Second Loretta	
INFORMANT'S CERTIFICATION	15B. MOTHER'S PLACE OF BIRTH (City) (unknown) (State) Arizona (Country if not U.S.)		16A. SIGNATURE AND ADDRESS OF INFORMANT <i>Mr. Linda F. Williams</i> 604 Swallow Court, Slidell		16B. DATE OF SIGNATURE 11/29/84		17. DEATH WAS CAUSED BY: Enter only one cause per line for (A), (B), and (C) La.	
	17. CONDITIONS, if any, which gave rise to immediate cause (A) stating the underlying cause last. (A) Cardiac arrest (B) Respiratory acidosis (C) Amphiphilic lateral sclerosis		18A. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		18B. If yes were finding considered in determining cause of death? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		19. DEATH DUE TO EXTERNAL VIOLENCE 19A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 19B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 17) 19C. TIME OF INJURY Hour M Month 11 Day 28 Year 1984 19D. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 19E. PLACE OF INJURY at Home, Farm, Street, Factory, Office Building, etc. (Specify) 19F. CITY, TOWN, OR LOCATION Slidell PARISH ST. TAMMANY STATE LA.	
PHYSICIAN'S CERTIFICATION	20. I CERTIFY THAT I ATTENDED THE DECEASED From 11/5/84 To 11/28/84 and that death occurred on the date and hour stated above.		21A. SIGNATURE AND ADDRESS OF PHYSICIAN <i>John Shiele MD</i> 2200 Magazine		21B. DATE 11/28/84		22A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> DATE THEREOF 12/1/84	
	22B. NAME AND LOCATION OF CEMETERY OR CREMATORY Rosemary Baptist Church Cemetery, Live Oak, Florida		23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <i>Honaker Funeral Home, Inc.</i> (767) Slidell, La. Perry F. Thacker		23B. LICENSE NUMBER E-1874		24. BURIAL TRANSIT PERMIT NUMBER 040792	
FUNERAL DIRECTOR'S CERTIFICATION	25. PARISH OF ISSUE ST. TAMMANY		26. DATE OF ISSUE November 29, 1984		27. SIGNATURE OF LOCAL REGISTRAR <i>Agnes L. Parker</i>		28. SIGNATURE OF LOCAL REGISTRAR <i>Agnes L. Parker</i>	
	29. SIGNATURE OF LOCAL REGISTRAR <i>Agnes L. Parker</i>		30. SIGNATURE OF LOCAL REGISTRAR <i>Agnes L. Parker</i>		31. SIGNATURE OF LOCAL REGISTRAR <i>Agnes L. Parker</i>		32. SIGNATURE OF LOCAL REGISTRAR <i>Agnes L. Parker</i>	

PHS 16 - (Rev. 3/80)

DHHR, OFFICE OF HEALTH SERVICES AND ENVIRONMENTAL QUALITY, VITAL RECORDS REGISTRY

DEC 4 1984

IN ACCORDANCE WITH LSA-R.S. 40:50(C), I CERTIFY THAT THE ABOVE IS A
TRUE AND CORRECT COPY OF A DEATH CERTIFICATE IN MY CUSTODY.

LOCAL REGISTRAR

002117

FILED IN THE OFFICE OF
THE CLERK OF CIRCUIT
COURT OF SUWANNEE
COUNTY, FLORIDA

MAR 21 4 03 PM '85

AND RECORDED IN OFFICIAL
RECORD 280 ON PAGE 205
JERRY A. SCARBOROUGH, CLERK
BY *[Signature]* RECEIPT NO. 19826